

212032766

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

001	Total Number of Vehicles	Local No./ District 52	Agency Case No. B2-065976	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 07-19-2012		TIME OF ACCIDENT 1020	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1120	LATITUDE	
B 90	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 'J' ST, S. 56TH TO S. 57TH ST		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		FEET MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.				STATE (Of License)	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 05	DRIVER UNKNOWN	CITY, STATE, ZIP			PHONE ()	LOCAL NO.
V2/N	OWNER UNKNOWN	CITY, STATE, ZIP			PHONE ()	LOCAL NO.
G 2	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
H 5	LICENSE PLATE NO.				YEAR (Plate Expires)	STATE (Of Plate)
V1/O 5	VEHICLE	YEAR	MAKE Ford	MODEL Windstar	BODY STYLE Mini van	COLOR GRY
V2/O	VEHICLE ID NO. (VIN)				ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	INSURANCE COMPANY
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.				STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 8	DRIVER	CITY, STATE, ZIP			PHONE ()	LOCAL NO.
V2/P	OWNER	CITY, STATE, ZIP			PHONE ()	LOCAL NO.
J 01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE NO.				YEAR (Plate Expires)	STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K 01	VEHICLE ID NO. (VIN)				ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	INSURANCE COMPANY
TOWED TO TOWED BY POLICY NO.						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 0	NAME Tessa N Hincker	ADDRESS 5924 Meadowbrook Ln., Lincoln, Ne, 68510			DATE OF BIRTH (MM / DD / YYYY) 06-19-1998	1 2 3 4 5 SEX M F Seat Position Eject Body Region Injury Sev. Trans.
LOCAL NO.		MEDICAL FACILITY NAME Lincoln - BryanLGH Medical Center East (Bryan) - Lancaster		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

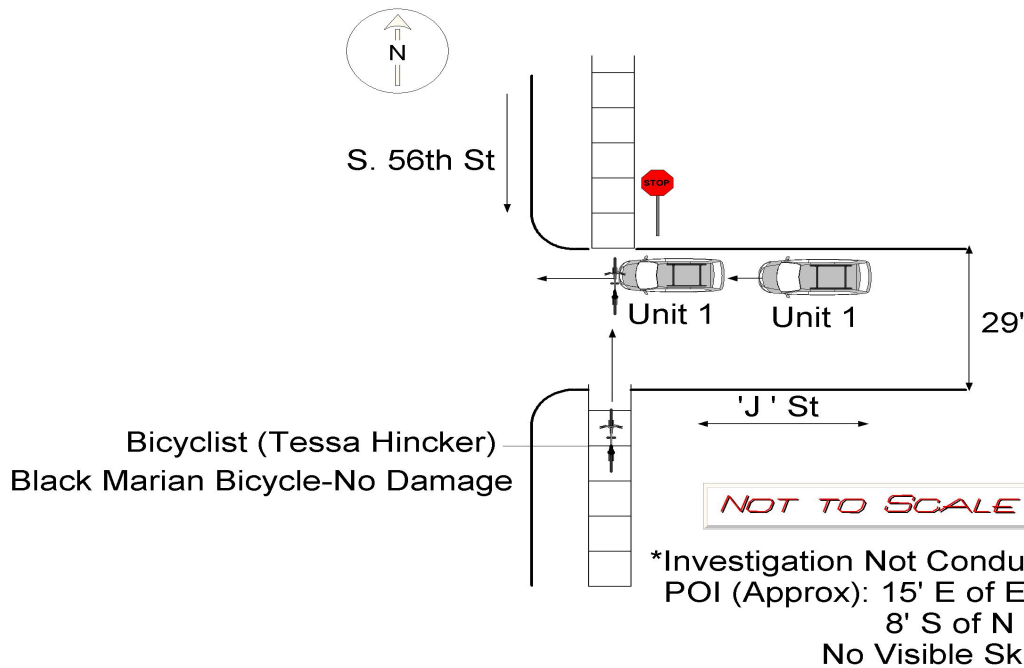
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B2-065976



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Tessa Hincker arrived at Bryan LGH East seeking medical treatment for injuries she sustained from a bicyclist/vehicle accident occurring earlier in the morning at S 56th St/'J' St. She reports that while riding her bicycle N/B on the east sidewalk of S. 56th St, she stopped after observing V1 stopped up ahead at the stop sign in the W/B lane of 'J' St, S. 56th St to S. 57th St. Tessa at this time rode her bicycle across 'J' St while V1 was still stopped. She said that as she was about clear the intersection V1 moved forward and hit her right side. D1 reportedly exited her vehicle and asked Tessa if she was alright. Tessa told D1 she was fine and declined D1's offer to call somebody for her. Tessa states D1 told her that she did not see her prior to the collision. After Tessa assured D1 that she was fine, D1 left W/B on 'J' St. D1 did not provide Tessa with her personal/vehicle information. V1 is described as a gray Ford Windstar. D1 is described as a white female approx. 17YOA, 504/130, brown hair, wearing jean shorts and a tank-top. Officer returned to the scene and found no vehicle debris from V1. A search of the immediate area for V1 also yielded no findings.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE ()
	NAME	ADDRESS			PHONE ()

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																											
1			X		'J' ST				6		9		<table border="1"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td></td> <td>N</td> <td>N</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N		N	N						
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Y		Y	Y																													
N		N	N																													
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N		N	N																													
X		X	X																													
1	01	06 Turning left			MOST DAMAGED AREA 01				1 Deployed - front		1 None used - vehicle occupant		<table border="1"> <tr> <th>BAC LEVEL</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td></td> <td>5</td> <td></td> </tr> </table>		BAC LEVEL	Driver No. 1	Driver No. 2		5													
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2		08 Entering traffic lane			MOST DAMAGED AREA 01				2 Deployed - side		2 Lap & shoulder belt used		<table border="1"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1 Neither alcohol nor drugs suspected</td> <td></td> <td></td> </tr> <tr> <td>2 Yes - alcohol suspected</td> <td></td> <td></td> </tr> <tr> <td>3 Yes - drugs suspected</td> <td></td> <td></td> </tr> <tr> <td>4 Yes - alcohol & drugs suspected</td> <td></td> <td></td> </tr> <tr> <td>5 Unknown</td> <td></td> <td></td> </tr> </table>		ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1 Neither alcohol nor drugs suspected			2 Yes - alcohol suspected			3 Yes - drugs suspected			4 Yes - alcohol & drugs suspected			5 Unknown		
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5 Unknown																																
01 Essentially straight ahead				09 Leaving traffic lane				3 Deployed - both front/side		3 Shoulder belt only used																						
02 Backing				10 Parked				4 Not deployed		4 Lap belt only used																						
03 Changing lanes				11 Slowing or stopped in traffic				5 Not applicable/ No airbag available		5 Child safety seat used																						
04 Overtaking/ Passing				12 Other				6 Unknown		6 Child booster seat used																						
05 Turning right				13 Unknown						7 DOT approved helmet used																						
										8 Costume helmet used																						
										9 Restraint use unknown																						

OFFICER NO. 1443	TROOP/ TEAM/ BEAT 5A	DEPARTMENT 5501 Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Robert Norton		INVESTIGATOR SIGNATURE Digital Certificate with Nebraska Crime Commission	DATE OF REPORT 07/20/2012